



U.S. Senator John Cornyn
5005 LBJ Freeway, Suite 1150
Dallas, Texas 75244-6133

PRIVACY FORM

I hereby authorize Senator John Cornyn to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, Title 5, Section 552A of the U.S. Code, access to information concerning me in the files of the following agencies

_____.

Additionally Senator Cornyn is authorized to see any materials that may be disclosed pertinent to that request.

NAME: _____
(Please Print)

ADDRESS: _____
(Street)

(City, State, Zip)

PHONE: _____ LABOR/COMP#: _____

SS #: _____ DATE OF BIRTH: _____

VETERAN CLAIM #: _____

ALIEN/SRC#: _____ CSA/CSF#: _____
(INS only) (OPM retiree only)

Briefly describe your difficulty or write on a separate page.

SIGNATURE: _____ DATE: _____